AMENDED IN ASSEMBLY APRIL 21, 2003

CALIFORNIA LEGISLATURE—2003-04 REGULAR SESSION

ASSEMBLY BILL

No. 1145

Introduced by Assembly Member Shirley Horton (Coauthors: Assembly Members Benoit, Cox, Daucher, Dutton, Koretz, Longville, Maze, Mullin, Pacheco, Runner, and Strickland) (Coauthors: Senators Morrow, Oller, and Ortiz)

February 21, 2003

An act to add Chapter 5.4 (commencing with Section 8455) to Division 1 of Title 2 of the Government Code, relating to public safety, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 1145, as amended, Shirley Horton. State buildings: defibrillators.

Existing law authorizes the Emergency Medical Services Authority to establish minimum standards for the training and use of automatic external defibrillators by individuals not otherwise licensed or certified for the use of the device. Existing law provides that only persons who meet these standards shall be approved for persons and issued a prescription authorizing them to use an automatic external defibrillator on a patient not specifically identified when the prescription is given.

Existing law requires all money moneys received by the state from the federal government, the expenditure of which is administered through or under the direction of a state agency, to be deposited in the Federal Trust Fund, which is continuously appropriated for expenditure for the purposes for which the money is moneys are deposited in that fund.

AB 1145 — 2 —

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This bill would require the Department of General Services to apply for specified federal funds for the purchase of automated external defibrillators to be located within state-owned and leased buildings. It would require the Department of General Services, in consultation with the Emergency Medical Services Authority, and the American Heart Association to develop and adopt policies and procedures relative to the placement and use of automated external defibrillators in state-owned and leased buildings and ensure that training is consistent with specified requirements.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ²/₃. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the 2 following:

- (a) According to the American Heart Association an individual 3 goes into cardiac arrest in the United States every two minutes. And of these, an estimated 225,000 Americans die each year. In California, 42 percent of all deaths are attributed to heart disease. 7 Many of these deaths are caused by sudden cardiac arrest. Most cardiac arrests are caused by ventricular fibrillation, for which cardiopulmonary resuscitation (CPR) and defibrillation are the only effective treatments. With every minute that passes, a victim's 10 survival rate is reduced by 7 to 10 percent if no intervention measures are taken. An estimated 95 percent of cardiac arrest 12 victims die before reaching the hospital. If intervention measures are taken, survival rates are much higher; when CPR and 15 defibrillation are immediately performed, survival rates can double. 16
 - (b) Eighty percent of all cardiac arrests occur in the home, and almost 60 percent are witnessed. In communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as 48 to 74 percent.
- (c) Wide use of defibrillators could save as many as 40,000
 lives nationally each year. Successful public access defibrillation
 programs ensure that cardiac arrest victims have access to early

—3— **AB** 1145

911 notification, early cardiopulmonary resuscitation, early defibrillation, and early advanced care.

SEC. 2. Chapter 5.4 (commencing with Section 8455) is added to Division 1 of Title 2 of the Government Code, to read:

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CHAPTER 5.4. AUTOMATED EXTERNAL DEFIBRILLATORS IN STATE BUILDINGS

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- 8455. (a) The Department of General Services shall apply for 10 federal funds made available through the federal Community Access to Emergency Devices Act (Public Law 107-188) for the purchase of automated external defibrillators to be located within state-owned and leased buildings.
- (b) The Department of General Services shall, in consultation 15 with the Emergency Medical Services Authority and the American 16 Heart Association, develop and adopt policies and procedures relative to the placement and use of automated external defibrillators in state-owned and leased buildings and ensure that training is consistent with Section 1797.196 of the Health and Safety Code and the regulations adopted pursuant to that section. In these consultations, the department may consider all of the following:
 - (1) Whether the public has access to the state-owned or leased building.
 - (2) Placement within the building that maximizes access to the device.
 - (3) The manufacturer and medical directions regarding placement and use of the device.
 - (4) The appropriate oversight and maintenance of the device at a particular location.
 - (5) Whether to require those who are trained to use the automated external defibrillators pursuant to Emergency Medical Services Authority standards to receive cardiopulmonary resuscitation training.

SEC. 2.

This act is an urgency statute necessary for the 36 *SEC.* 3. 37 immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

AB 1145 — 4 —

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Over 300,000 Americans die each year from eardiac arrest. Every two minutes, an individual goes into cardiac arrest in the United States. The chance of successfully returning to a normal heart rhythm diminishes by 10 percent each minute following sudden cardiac arrest. Eighty percent of cardiac arrests are caused by ventricular fibrillation, for which defibrillation is the only effective treatment. Sixty percent of all cardiac arrests occur outside the hospital. The average national survival rate for out-of-hospital cardiac arrest is only 5 percent. Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as 50 percent. According to the American Heart Association, wide use of defibrillators could save as many as 50,000 lives nationally each year. Successful public access defibrillation programs ensure that cardiac arrest victims have access to early 911 notification, early cardiopulmonary resuscitation, early defibrillation, and early advanced care. For these reasons

In order to provide immediate assistance to persons in state-owned or state-leased buildings who might otherwise die or suffer severe injury from cardiac arrest, at the earliest possible time, it is necessary that this act take effect immediately.